



DEPARTMENT OF PARKS & RECREATION
 JANE PIKE , DIRECTOR
 2601 SUNSET RD. LAS VEGAS, NV 89120-3515

ROBERT E "BOB" PRICE RECREATION CENTER
 2050 BONNIE LANE LAS VEGAS, NV 89156 (702) 455-7600 FAX (702) 455-7603
FACILITY REQUEST FORM

FACILITY USER INFORMATION

YOUR NAME:	GROUP NAME:	TODAY'S DATE:
STREET ADDRESS:		CITY/STATE/ZIP:

RENTAL INFORMATION (ONCE RESERVATION HAS BEEN APPROVED, IT WILL NOT BE ADJUSTED!)

DATE OF RENTAL:	TIME:	ROOM REQUESTED:
PHONE NUMBER #1	PHONE NUMBER #2	NUMBER OF GUESTS (70 MAX)
PLEASE DESCRIBE ACTIVITY:		WILL FOOD BE SERVED?

SPECIAL INFO: Numbers needed: Chairs _____ Round Tables _____ 6' Rec. Tables _____ 8' Rec Tables _____

PLEASE CHECK BOX IF ANY OF THE FOLLOWING APPLY: CHARGING ADMISSION CONCESSIONS

OTHER EQUIPMENT NEEDED _____

PLEASE NOTE: By signing below applicant fully understands that filling out this request form in no way guarantees reservation of a facility at Robert E "Bob" Price Recreation Center. Applicant will be notified of availability as soon as possible within the six-week session that the rental request takes place. After the request has been approved, It is the applicant's responsibility to make payment in full to officially reserve the facility.

Setup and clean up are the responsibility of the Renter. Additional fees will be assessed, if rooms are not cleaned, organized and returned to their proper order. Any costs incurred by Clark County staff will be billed to Renter. Event should end at least one (1) hour before schedule end-time, to allow for clean up.

Applicant's Signature _____

FOR OFFICE USE ONLY

SERVICE CHARGES (COMPLETE PAYMENT DUE UPON REQUEST APPROVAL TO RESERVE DATE/S)

STANDARD ROOM CHARGE - ROOM#	
ADDITIONAL HOURS = # HOURS _____ X HOURLY CHARGE	
STANDARD ROOM CHARGE - ROOM#	
ADDITIONAL HOURS = # HOURS _____ X HOURLY CHARGE	
STANDARD ROOM CHARGE - ROOM#	
ADDITIONAL HOURS = # HOURS _____ X HOURLY CHARGE	
\$ 100 REFUNDABLE DEPOSIT IS DUE THE DAY OF RENTAL DEPOSIT WILL BE RETURNED UPON INSPECTION OF ROOM	
TOTAL COST OF EVENT	

STAFF TAKING REQUEST _____ DATE _____

STAFF APPROVING REQUEST _____ DATE _____